SERIAL NO. ILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2rd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND IND. DEP. DEP. <u> 20</u> 5 <u> 38</u> TOTAL TOYAL DEP. \*MAY BE LIED FOR ADDITIONAL CLAIMS OR AMENDMENTS PRINTING TO COMMERCE PRINTING THE TRESMENT OF COMMERCE